

Roseville & Granite Bay

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Our View: State prisons understand what county leaders don't

By: [Scott Thomas Anderson](#), Editor

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“I’ve got magic! A throaty, grizzled voice half-coughed at me through the cell door.

I heard this utterance a few months ago while walking through “X-House,” a maximum-security wing of the prison for mentally ill criminals in the state of Illinois. At first glance, the Dixon Correctional Facility looks more like an elegant, colonial statehouse than a penitentiary, a kind of Independence Hall of the prairies that sits on gentle grades of blond farm expanse. But in reality Dixon prison is anything but a place of independence; rather it’s tasked with housing and caring for the most clinically psychotic and schizophrenic men who’ve committed crimes in The Land of Lincoln.

When it comes to challenges with incarceration, criminality and recidivism, Illinois and California have been on a parallel trajectory to crisis — and possibly now to self-correction. Both states have faced inmate-initiated, class-action lawsuits regarding mental health services in their prisons; and officials in California and Illinois have been working hard in recent years to change that. Dixon’s mental health division houses inmates whose crimes run the gamut of serious to downright chilling. But despite that, the reality is that 98-percent of its offenders are serving sentences of 20 years or less, meaning they will be paroled back into the public. This makes the prison’s mental health care more than an issue of safety and civil rights within the facility, it elevates the stakes to nothing less than the protection of Illinois’s waiting neighborhoods.

Dixon handles managed patient care, emergency care and crisis intervention. Its correctional officers work closely with a staff of psychiatrists, psychologists and social workers assigned to each inmate.

“We’re constantly reviewing, constantly assessing, constantly looking at how they’re doing all the time,” Dixon Superintendent C.D. Eubanks told me as we walked the cell blocks. “We’re evaluating thirty to forty inmates each week ... Basically, full intervention is crucial to establishing success.”

Eubanks also stressed one of the most important aspect of mental health in his prison is daily, hands-on management of the inmates with a highly trained staff who’s familiar with each of them.

“You need correctional officers who truly want to work with this particular type of offender,” Eubanks observed, “and the entire staff has to be involved through a number of avenues, not just one.”

However, while the staff at Dixon prison keeps working on tactics to get the best result for their mentally ill inmates, a central irony now resonates in this post-litigation era of improved care: Dixon’s overhauled services often won’t be matched by the Illinois counties their offenders will eventually be paroled to.

“It’s a day to day strategy in here,” said Nedra Chandler, the Warden of Dixon Correctional Facility. “But the challenge is getting inmates that continuum of care once they’re released. A lot of counties in Illinois tend to look at behavioral health services as discretionary spending ... if parolees who are mentally ill don’t have families making sure they get their meds and doctors appointments, then the odds of re-offending can be high.”

Here again the situation in Illinois is mirrored in California. On Aug. 31, 2012, I watched as a homeless man on Vernon Street in Roseville began screaming at the Christopher Columbus statue before turning his cloudy, fury-filled rants at passer-bys and small children on the sidewalk. The wild-eyed man preempted phone calls to police by suddenly wobbling away on a bike along the rail lines. Yet even if Roseville officers had arrived, they could only have put that man under a “51-50” hold — a temporary suspension of his rights — if they could reasonably prove he was suicidal or making direct threats against others. The rag-clad woman I saw on Dec. 21, 2012 shrieking at citizens in Roseville Square that they were all “hit men” trying to help the Hells Angels kill her on film is another case-point.

Assuming either of these individuals had been taken to a hospital on a 51-50 detention, doctors would only have 72 hours to try to get them on the proper medications before the patient could legally demand to be released. In that scenario, a judge would have to deem them so totally incapable of taking care of themselves that Placer County would put them in the conservatorship process.

This system has gaping cracks to slip through, and no local story demonstrates that better than Shane Michael England. In the spring of 2008, England was arrested three times in seven days in Roseville, on separate charges of indecent exposure, intimidating a business owner and struggling with police officers. Five years later, when I pulled the court files for those 2008

cases, each one showed the charges against England had been almost immediately dismissed with a handwritten note from a judge that read, “Defendant needs to be on medications.”

Placer’s court system may have known England had serious mental illness, but the county’s behavioral health apparatus was apparently unable to track him after those arrests. In October of 2010, England was arrested in Sacramento for residential burglary and quickly put on probation. The state capital’s probation system fared no better than Placer County at following England’s deteriorating state of mind. By March of 2013, England was living in Roseville’s Barker Hotel, an address that’s been documented to have ongoing problems with methamphetamine, heroine and violence. On the night of March 23 of that year, a woman was strolling out of the Boxing Donkey bar, walking to her vehicle, when England allegedly rushed out of the shadows and started stabbing her.

The woman survived. Roseville police officers tracked England down that same night, arresting him on charges of assault with a deadly weapon and robbery. It didn’t take long for England’s new public defender to find the same paper trail at the courthouse that I found — and the attorney instantly filed a 1368 motion challenging his client’s mental competency to stand trial.

California’s prisons are currently holding hundreds of inmates like Shane Michael England. The Golden State may have spent \$1.3 billion in recent years to overhaul mental health care within its prisons, adding more doctors, social workers and re-entry hubs, but the fact is most California counties aren’t even discussing trying to keep pace with their own spending priorities around behavioral health. What South Placer learned that night in front of the Barker Hotel is that the consequences for that can be bloody.